

**BOARD OF BAR EXAMINERS  
OF THE DELAWARE SUPREME COURT**

405 North King Street, Suite 500

Wilmington, DE 19801

(302) 651-3951

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**FORM C:  
LEARNING DISABILITY VERIFICATION**

**NOTICE TO APPLICANT AND AUTHORIZATION**

You must complete this part of the form. The rest of the form must be completed by the qualified professional who is recommending testing accommodations on the Delaware Bar Examination for you on the basis of a learning disability (as defined in the Americans With Disabilities Act of 1990, as amended). Read, complete, and sign below before submitting this form to the qualified professional for completion of the remainder of this form.

**Full Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

I give permission to the qualified professional completing this form to release the information requested on the form, and I request the release of any additional information regarding my disability or accommodations previously granted that may be requested by the Board of Bar Examiners of the Delaware Supreme Court.

I hereby release, discharge, and exonerate (i) the Board of Bar Examiners of the Delaware Supreme Court and its agents and representatives, and (ii) the qualified professional and their agents and representatives completing this form, from any and all liability of every nature and kind arising out of the furnishing of information, or out of the investigation made by the Board of Bar Examiners of the Delaware Supreme Court.

I am not required to sign this form in order to receive treatment from the qualified professional. When my information is used or disclosed pursuant to this authorization, it may be subject to redisclosure by the recipient and may no longer be protected by the federal HIPAA Privacy Rule or state law. I have the right to revoke this authorization in writing except to the extent that the qualified professional has acted in reliance upon this authorization. My written revocation must be resubmitted to the privacy officer at the address of the qualified professional.

Date:

Signature:

## NOTICE TO QUALIFIED PROFESSIONAL

The above-named person is requesting accommodations on the Delaware Bar Examination ("Bar Exam"). The Board of Bar Examiners of the Delaware Supreme Court (the "Board") also requires the qualified professional to complete this form.

If any information requested in this form is fully addressed in a comprehensive evaluation report, you may respond by citing the specific page and paragraph where the answer can be found. Your assistance is appreciated.

Confidentiality policies of the Board will be followed regarding its responsibility to maintain confidentiality of this form. No part of the form or the diagnostic report will be released without the applicant's written consent or under the compulsion of legal process. The Board is authorized to and may seek assistance from qualified professionals in reviewing the applicant's request for testing accommodations, and may forward or disclose information you provide to such professionals for their consideration.

**Print or type your responses to the items below, and return this completed form, the comprehensive evaluation report, and relevant records to the applicant for submission to the Board. Thank you again for your assistance.**

### I. EVALUATOR/TREATING PROFESSIONAL INFORMATION

**Full Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Occupation & Specialty:** \_\_\_\_\_

**License Number/  
Certification/State:** \_\_\_\_\_

**Please describe your specialized training in the assessment, diagnosis, and remediation of learning disabilities with the adult population.**

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## II. DIAGNOSIS AND CURRENT FUNCTIONAL LIMITATIONS

1. What is the specific diagnosis for which the applicant requests testing accommodations? Include the specific diagnosis from the current edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM) published by the American Psychiatric Association.

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2. Describe the nature of the applicant's learning disability, including the specific area(s) of impairment and level(s) of severity for each. Include a history of presenting symptoms, date of onset, and description of the duration and severity of the disability.

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3. When did you first meet with the applicant?

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4. When was the applicant's disability first diagnosed?

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5. Did you make the initial diagnosis?

\_\_\_\_\_ Yes  
\_\_\_\_\_ No

If no, provide the name of the professional who made the initial diagnosis and when it was made, if known. Attach copies of any prior evaluation reports, test results, or other records related to the initial diagnosis that you reviewed.

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6. When was your last complete evaluation of the applicant?

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7. Describe the applicant's current level of functioning, the impact of any functional limitations on the applicant's major life activities, and how any functional limitations restrict the condition, manner, or duration under which the applicant can take the Bar Exam.

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8. Was the applicant's motivation level, interview behavior, and/or test-taking behavior adequate to yield reliable diagnostic information/test results?

\_\_\_\_\_ Yes  
\_\_\_\_\_ No

- (a). Did you administer Symptom/Performance validity tests?

\_\_\_\_\_ Yes  
\_\_\_\_\_ No

- (b) Did the Symptom Performance validity tests demonstrate a valid test profile?

\_\_\_\_\_ Yes  
\_\_\_\_\_ No

(c) Do you believe your test results are reliable and valid?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

**Describe how your reliability and validity determination was made. If symptom/performance validity tests were not administered, please explain why they were not.**

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9. How do your test results align with previous history of testing and academic accomplishments? What alternative interpretations can be made of the test results (e.g. influenced by English as a second language, not feeling well on day of testing, exhibits a deliberate work pace/style)?

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10. Have you attached a copy of the comprehensive evaluation report and all records and test results on which you relied in making the diagnosis and recommending accommodations for the Bar Exam?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

### III. COMPREHENSIVE TESTING AND REPORT

An applicant's specific learning disabilities must have been identified by an appropriate psychoeducational assessment process that is well documented in the form of a comprehensive diagnostic report. The Board provides reasonable accommodations based on an assessment of the current impact of an applicant's disability on the specific testing activities on the Bar Exam.

Although a learning disability normally is lifelong, the severity and manifestations can change. The Board generally requires documentation from an evaluation conducted within the last three years to establish the current impact of the disability. You must attach to this form a copy of the comprehensive evaluation report and all records and test results on which you relied in making the diagnosis. The report should include the following:

- Account of a thorough diagnostic interview that includes all relevant background information necessary to support the diagnosis, including:
  - ◆ Description of the presenting problem(s);
  - ◆ Developmental history;
  - ◆ Academic history, including results of prior standardized testing, reports of classroom performance and behavior, special education services, and Individualized Education Programs (IEPs), and/or 504 plans;
  - ◆ Relevant family history, including primary language of the home, and current fluency of English where relevant;
  - ◆ Relevant psychosocial history;
  - ◆ Relevant medical history, including the absence of a medical basis for the present symptoms; and
  - ◆ History of prior treatment and effectiveness;
- Clear, objective evidence of a substantial limitation to learning and academic achievement provided through assessment in the areas of reading and writing and information processing abilities. Results must be obtained on standardized test(s) appropriate to the general adult population and be reported in age-based standard scores.
- Interpretation of the diagnostic profile that integrates the assessment data, background history, and observations made during the evaluation process, as well as the inclusion or ruling out of dual diagnosis, alternative, or coexisting conditions affecting the applicant's performance (such as mood, behavioral, neurological, or English as a second language);
- Specific diagnostic statement, which should not include nonspecific terms such as "learning differences," "learning styles," or "academic problems"; and
- Rationale for each recommended accommodation based on the diagnostic information presented (including but not limited to background history, test scores, and documented observations).

It is important that the tests used in the evaluation be reliable, valid, comprehensive, and age-appropriate, and that the most recent edition or version of each diagnostic instrument

or measure is used. Scores should be reported as age-based standard scores and percentiles. Standardized test batteries (e.g. Wechsler or Stanford-Binet IQ scales and Woodcock Johnson or Wechsler achievement test batteries) are preferred over screening measures (e.g. Nelson Denny Reading Test or Test of Word Reading Efficiency). Supplementary cognitive and neuropsychological tests may be helpful in some cases to demonstrate areas of impairment, but should be considered as secondary to measures of academic achievement when making a diagnosis.

## **IV. RECOMMENDED ACCOMMODATIONS**

The Bar Exam is a timed, written examination in three parts administered over the last Monday, Tuesday, and Wednesday of July of each year.

- On Tuesday morning, applicants take the Multistate Performance Test (“MPT”) prepared and administered by the National Conference of Bar Examiners (“NCBE”), which contains two sections designed to test an applicant’s ability to complete certain fundamental tasks all new lawyers should be able to accomplish regardless of the area of law in which the tasks arise. The MPT requires applicants to perform tasks that will involve reading provided materials and drafting a short written document, and may also involve taking notes. Absent accommodations, the MPT is administered over a single three hour testing session and both items must be completed within that time.
- On Tuesday afternoon, applicants are given four essay questions designed to test their ability to take hypothetical fact patterns involving areas of law relevant to Delaware practice and identify, analyze, and explain the legal issues raised by those fact patterns. Absent testing accommodations, applicants receive a set of four essay questions, and must respond to the essay questions in three hours. Most applicants use computer software called ExamSoft to input their essay answers on a keyboard and review on a computer screen, but a small number of applicants still write their essay answers out by hand in exam booklets.
- On Wednesday, applicants take the NCBE’s Multistate Bar Examination (“MBE”), a 200-question multiple choice test designed to test an applicant’s substantive knowledge of six areas of law. Applicants give their answers to the questions by filling in circles on a printed form that is then scanned by a machine for scoring. Absent accommodations, the MBE is divided into morning and afternoon sessions, each three hours in length and covering 100 questions.

Applicants are assigned seats in the testing room. The testing room consists of eight foot tables and two applicants are assigned to each table. Absent accommodations, the only items applicants are allowed to bring with them into the testing room are their laptop computers (if they are using ExamSoft to input their essay answers), and water in a clear plastic bottle.

The Bar Exam is administered in a quiet environment. During a test session, applicants

may leave the examination room only to use the restroom or drinking fountain, and they must do so within the time allotted for the test session. The Bar Exam is administered in a quiet environment. During a test session, applicants may leave the examination room only to use the restroom or drinking fountain, and they must do so within the time allotted for the test session.

**Taking into consideration this description of the Bar Exam and the functional limitations currently experienced by the applicant, what testing accommodations (or accommodations, if more than one would be appropriate) do you believe, to a reasonable degree of medical certainty, are necessary in light of the applicant's disability? Please mark all that apply.**

**\_\_\_\_\_ Examination Format**

\_\_\_\_\_ Large Print – Please specify font size \_\_\_\_\_

\_\_\_\_\_ Other: \_\_\_\_\_

**\_\_\_\_\_ Physical Assistance**

\_\_\_\_\_ Reader; Screenreader

\_\_\_\_\_ Typist or voice recognition computer for essays

\_\_\_\_\_ Other: \_\_\_\_\_

**\_\_\_\_\_ Extended Time**

Specify the amount of additional time requested for each session of the examination. Indicate why the additional specified time is needed (based on the diagnostic evaluation) and the rationale for recommending the amount of time for each portion of the examination. Breaks are included in the timed portion of the examination. The Board does not grant requests for unlimited time.

**Essays**

Standard Length: One half day, consisting of one 3-hour sessions

Extended Time \_\_\_\_\_ 10% \_\_\_\_\_ 25%

Requested: \_\_\_\_\_ 50%

Other: \_\_\_\_\_

Rationale:

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**Multistate Practice Test**

Standard Length: One half day, consisting of one 3-hour session

Extended Time \_\_\_\_\_ 10% \_\_\_\_\_ 25%

Requested: \_\_\_\_\_ 50%

Other: \_\_\_\_\_

Rationale:

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**Multistate Bar Examination**

Standard Length: One full day, consisting of two 3-hour sessions

Extended Time \_\_\_\_\_ 10% \_\_\_\_\_ 25%

Requested: \_\_\_\_\_ 50%

Other: \_\_\_\_\_

Rationale:

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**Test Environment**

Identify the accommodation(s) to the test environment needed and the reason why based on an submitted medical or diagnostic evaluation.

\_\_\_\_\_ Orthopedic/Mobility Needs

\_\_\_\_\_ Small Group

\_\_\_\_\_ Private Room

Other: \_\_\_\_\_

Rationale: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **I. CERTIFICATION**

I have attached copies of all records, test results, or reports that I relied upon in making this diagnosis and completing this form, and I certify that the information on this form is true and correct based upon the information in my records.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Qualified Professional